

Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day/Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney  
 If Attorney, Bar No.: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_ Case Number: \_\_\_\_\_  
 Name of Applicant

### AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the ***"Application for Change of Name"*** and the ***"Notice of Hearing Regarding Application for Change of Name"*** on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): \_\_\_\_\_

Address where other party was served: \_\_\_\_\_

Date of receipt by the other party: \_\_\_\_\_

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

**The contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Sender

\_\_\_\_\_  
Date

Sworn to or affirmed before me this date:

\_\_\_\_\_  
My Commission expires

\_\_\_\_\_  
Notary Public or Deputy Clerk